



Hantavirus Pulmonary Syndrome

County _____

LHJ Use ID _____

☐ Reported to DOH

Date ____/____/____

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____

LHJ Cluster

Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____

Investigation
start date: ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp: ____ °F
Type: ☐ Oral ☐ Rectal ☐ Other: ____ ☐ Unk

☐ ☐ ☐ ☐ **Breathing difficulty or shortness of breath**

☐ ☐ ☐ ☐ Muscle aches or pain (myalgia)

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Required supplemental oxygen**

☐ ☐ ☐ ☐ **Respiratory compromise developing within 72 hours of hospitalization**

☐ ☐ ☐ ☐ **Bilateral interstitial pulmonary infiltrates on x-ray**

☐ ☐ ☐ ☐ **Autopsy compatible with non-cardiogenic pulmonary edema**

☐ ☐ ☐ ☐ Mechanical ventilation or intubation required during hospitalization

☐ ☐ ☐ ☐ Adult Respiratory Distress Syndrome (ARDS)

☐ ☐ ☐ ☐ Gastrointestinal symptoms

☐ ☐ ☐ ☐ Hypotension

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ **Hospitalized for this illness**

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ **Died from illness** Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

Collection date ____/____/____

Source _____

P N I O NT

☐ ☐ ☐ ☐ ☐ **Hantavirus PCR**

☐ ☐ ☐ ☐ ☐ **Hantavirus antigen by immunohistochemistry**

☐ ☐ ☐ ☐ ☐ **Hantavirus IgG rise (serum pair > 2 wks apart)**

☐ ☐ ☐ ☐ ☐ **Hantavirus IgM**

☐ ☐ ☐ ☐ ☐ **Confirmed at state or federal public health laboratory**

☐ ☐ ☐ ☐ ☐ Coagulopathy (platelets < 100,000)

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

Days from onset:

Exposure period

-45 -7

o
n
s
e
t

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____

Y N DK NA

☐ ☐ ☐ ☐ Wild rodent or wild rodent excreta exposure
Where rodent exposure probably occurred:

☐ ☐ ☐ ☐ Cleaned wild rodent nests or excreta
☐ ☐ ☐ ☐ Slept in cabin or outside
☐ ☐ ☐ ☐ Inhalation of dust from soil, grain, or hay

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: _____

☐ **No risk factors or exposures identified**

☐ **Patient could not be interviewed**

PATIENT PROPHYLAXIS/TREATMENT

Y N DK NA

☐ ☐ ☐ ☐ Antiviral treatment given

PUBLIC HEALTH ISSUES**PUBLIC HEALTH ACTIONS**

☐ Education on rodent control
☐ Other, specify: _____

NOTES

Investigator _____	Phone/email: _____	Investigation complete date ____/____/____
Local health jurisdiction _____		Record complete date ____/____/____